



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MANUEL RAMIREZ, M.D.
9080 HARRY HINES, STE 110
DALLAS, TX 75235

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

FEDERAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 17

MFDR Tracking Number

M4-11-1923-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We mailed our original claim to Blue Cross Federal, the patient's medical insurance carrier. The patient contacted our office on August 13, 2010, and informed us that the dates of service referenced above were to be billed to Chubb WC. We submitted a claim, along with documentation, for this date of service to Chubb WC on August 13, 2010...We received a denial (Attachment 2) from Corvel, dates 9/20/10, stating that the time limit for filing had expired, and one code was also denied stating we submitted the incorrect code for this procedure. On 9/29/10, a reconsideration letter was sent to Corvel...In the letter, we explained that our original bill had been submitted to the patients commercial carrier and when the patient notified us that these dates of service should be billed to her WC carrier, we sent our claim to them for processing."

Amount in Dispute: \$220.06

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Provider is requesting payment in the amount of \$220.06 for these dates of service stating they billed BCBS not knowing this treatment was for work comp...The carrier is in agreement with Corvel that no allowance is recommended. In addition to Corvel's response letter, carrier has also determined that the provider listed above treated the patient to include obtaining precert approval from our office and billed other dates of service in a timely manner (i.e. DOS 3/11/2011, enclosed and Precert submission 2/17/11, enclosed). NOTE: in February 2010 provider obtained approval by precert for hardware injection. For DOS 3/04-4/08/10, medical states claimant also being seen for hardware irritation.) "

Response Submitted by: Chubb Ins. Co., 2001 Bryan St, #3400, Dallas, TX 75201

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|------------------------|-------------------|------------|
| March 4, 2010 through April 8, 2010 | 99214, G0431 QW, 99213 | \$220.06 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 20, 2010

- 125-Denial/Reduction due to submission/billing error
- QW-CLIA Waived Test
- RM7-Invalid code for CMS payment-resubmit w/valid code
- 29-Time limit for filing claim/bill has expired
- RM2-Time limit for filing claim has expired
- Effective 9/1/05, providers have 95 days to submit bills to the insurance carrier for reimbursement. Your bill exceeds this limit. Reimbursement is denied in accordance with Section 408.027 of the Act.

Explanation of benefits dated October 5, 2010

- 168-No additional allowance recommended
- 29-Time limit for filing claim/bill has expired
- RM2-Time limit for filing claim has expired
- 193-Original payment decision maintained
- QW- CLIA Test

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Administrative Code §102.4 and Texas Labor Codes §408.027 or §408.0272?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The Requestor states that a bill was submitted to Blue Cross Federal, the patient's medical insurance carrier and that the patient contacted their office on August 13, 2010, to inform that the bill was to be sent to Chubb WC. However, no documentation was found to sufficiently support that a bill was submitted to Blue Cross Federal within 95 days from the disputed dates of service. Additionally, the Respondent's response contains a copy of a bill received timely from the Requestor for a date of service March 11, 2010 which falls in between the two disputed dates of service and a copy of a preauthorization request with carrier received date February 17, 2010. Therefore, Labor Code §408.0272 does not apply to the disputed dates of service as the Requestor was aware of the correct insurance company. For that reason, the Requestor in this dispute was required to send the medical bill no later than 95 days after the services in dispute were provided.

28 Tex. Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday. Requestor's documentation finds a copy of two bills with printed dates 08/13/2010 and 09/27/10 in box 31 and two EOB's with bill received dates 08/30/2010 and 10/05/2010. No documentation was found to support that a bill was submitted to the Respondent within 95 days from the dates services were provided.

2. In accordance with Texas Labor Code §408.027, the Requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

| | | |
|-----------|--|-----------------|
| _____ | _____ | October 4, 2011 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.